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CONFIRMATION NO. 3956

<b>SERIAL NUMBER</b> 09/965,116	<b>FILING OR 371(c) DATE</b> 09/26/2001 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1648	<b>ATTORNEY DOCKET NO.</b> HYZ-479CP (47508.577)
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 09/712,898 11/15/2000 ABN and claims benefit of 60/235,453 09/26/2000 and claims benefit of 60/235,452 09/26/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 10/26/2001

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 53	<b>TOTAL CLAIMS</b> 38	<b>INDEPENDENT CLAIMS</b> 8
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**ADDRESS**  
32254

**TITLE**  
Modulation of immunostimulatory activity of immunostimulatory oligonucleotide analogs by positional chemical changes

<b>FILING FEE RECEIVED</b> 1385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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